OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
HEALTHCARE INFORMATION DIVISION
ACCOUNTING AND REPORTING SYSTEMS SECTION
818 K Street, Room 400
Sacramento, California 95814
(916) 323-7685   FAX (916) 327-0377

Proposed Changes to
Annual Utilization Report of Hospitals – 2002

September 10, 2002

Background

In June 2000, a contract was awarded to the consulting firm of Clark, Lowry and Koortbojian to review the financial and utilization reports submitted by California hospitals to the State. This review was mandated by SB 1973 (Statutes of 1998) and culminated with the issuance of a report titled "Review of Hospital Financial and Utilization Data Reporting". The primary objectives of the review was to identify opportunities to eliminate data that were no longer useful, to reduce redundant reporting of similar data to different State departments, and to consolidate reporting where feasible.

One of the contractor's recommendations was to consolidate OSHPD's Annual Utilization Report of Hospitals with OSHPD's Hospital Annual Financial Disclosure Report. OSHPD reviewed this recommendation and determined that a streamlined version of the Annual Utilization Report, submitted over the Internet, would better meet the needs of OSHPD and its clients. OSHPD is currently developing its Automated Licensing Information and Report Tracking System (ALIRTS) to allow web-based annual utilization reporting by hospitals, long-term care facilities, primary care and specialty clinics, home health agencies, and hospices.

The primary advantages of keeping the Annual Utilization Report separate was its uniform reporting period (calendar year), the level of reporting (by facility location instead of licensure), and its focus on licensure (instead of functions).

The following is a summary of the proposed changes:

Summary of Additions and Deletions

The proposed Annual Utilization Report of Hospitals for calendar year 2002 consists of 273 fields, of which 68 fields (24.9%) will be automatically completed by OSHPD.

In contrast, the 2001 Annual Utilization Report of Hospitals consisted of 455 fields, of which 35 fields (7.7%) were automatically completed by OSHPD.

In summary, the proposed 2002 report contains a 40.0% reduction in total fields with a 94.3% increase in fields completed by OSHPD.

New and/or Revised Data Items

Section 1 – General Information (formerly Page 1)

- OSHPD will complete information related to the hospital's name, OSHPD Facility number, address and phone number; and contact information related to the report preparer.

- Added administrator and report preparer e-mail addresses, which will be used for OSHPD correspondence and will not be made available to the public.

- Added parent corporation name and address. These data will allow ODHPD to aggregate data by health systems and common ownership.

- The Certification will be sent electronically when the report is submitted.

Section 2 – Hospital Description (formerly Page 2)

- Under Licensee Type of Control, eliminated "Kaiser", "Church-Related", and "Other". These licensee types will now be reported as "Non-profit Corporation".

- Under Licensee Type of Control, eliminated "City" and "County". These licensee types will now be reported under "City and/or County".

- Under Licensee Type of Control, added "Investor - Limited Liability Company".

- Under Principal Service Type, eliminated "Hospital Unit of an Institution", "Tuberculosis and Other Respiratory Disease", "Chronic Disease", and "Other"; because very few, if any, facilities used these categories.

Section 3 – Inpatient Services (formerly Page 8)

- Placed Chemical Dependency Recovery (CDR) Services provided in licensed General Acute Care beds and licensed Acute Psychiatric beds in a single table.

- Added Newborn Nursery bassinets even though they are not considered licensed beds. Also added Newborn Nursery discharges, and moved Newborn Nursery days from former Birth and Abortion Data page.

- Moved Swing Beds to this section from former LTC Inpatient Utilization page.

- Moved all licensed Acute Psychiatric and hospice information to this section.

- Revised primary payer categories for Acute Psychiatric to be more consistent with OSHPD's hospital financial reporting requirements.

Section 4 – Emergency Medical Services (formerly Page 12)

- Added EMSA Trauma Center Designation and Licensed Emergency Department (ED) Level. These fields will be completed by OSHPD.

- Added inventory of Emergency Medical Services (EMS) available and whether such services are available 24 hours or on-call.

- Expanded EMS Visits by type from three to five visit types. Each EMS visit type corresponds to a CPT code and will be reported in Total and the number Admitted.

- Added the number of non-emergency (Clinic) visits seen in ED to help capture the total volume of visits to a hospital ED. This field will be optional on 2002 reports.

- Added the number of ED registrations where the patient leaves without being seen. This field will help measure ED overcrowding and will be optional on 2002 reports.

- Added the number of ED closure hours (by month) that resulted in ambulance diversions. These data will help analyze ED overcrowding issues and will be optional on 2002 reports.

Section 5 – Surgery and Related Services (formerly Pages 9, 10 and 11)

- This section includes Surgical Services, Births and Abortions, and Cardiology and Cardiovascular Services. Each of these services used to be reported on separate pages.

- Added Cardiovascular surgeries where Extracorporeal Bypass (hear/lung machine) is not used; separated Cardiac Catheterization Lab visits by inpatient and outpatient; and updated Therapeutic Cardiac Catheterization procedures to reflect current cardiology procedures.

Section 6 – Major Capital Expenditures (new)

- Added this section pursuant to Section 127285 (3) and (4) of the California Health and Safety Code, which requires hospitals to report information on acquisitions of diagnostic and therapeutic equipment costing more than $500,000; and on commencement of capital projects costing more than $1,000,000.

Eliminated Data Items

We eliminated several data items which were no longer considered useful or could be obtained from other OSHPD data sources. The eliminated data items include:

- Patient census as of December 31 for licensed bed utilization

- LTC certification levels

- LTC Special Programs (AIDS, HIV and Alzheimer's Disease)

- LTC discharges by length of stay

- LTC utilization (beds, admissions, discharges, and patient days)

- LTC patients (male and female) by race/ethnicity and age group

- Medi-Cal Sub-Acute Care utilization

- Megavoltage machine utilization

Minimum Computer System Requirements:

To use ALIRTS, you must have a PC system that meets the following minimum requirements:

- CPU – 133 MHz

- RAM – 64 MB

- Modem – 28.8 KB

- Internet Browser – Internet Explorer 5.0 or higher (IE). Netscape will not work with ALIRTS for reports preparation.

- Browser Security - 128-Bit Encryption

- Monitor resolution - 800 x 600 minimum – 1024 x 768 or higher recommended